Part A To be completed by requestor



Request for Reasonable Accommodation Form

Name			
Phone Number	(Day) _		(Evening
☐ City Employee ☐ Applicant for Employme ☐ Other Please explain:_			
City employees, please list your	Department:		
Division:Title:			
Type(s) of Disability(ies):			
☐Speech ☐Hearing	☐Visual ☐Mobility	☐Mental/Emotional	Other
Nature and/or Cause of Disabilit	y:		
Please identify the position, exaprogram, activity, service, or factivity which the accommodation is necessition.	cility for		
Identify the accommodation(s) n	eeded.		
Explain how the accommodation	(s) will assist you.		
_			
Identify the source and cost (if k	nown) for providing the	accommodation(s).	

Requestor's	
Signature	Date

Part B To be completed by reviewer



Request for Reasonable Accommodation Form

What actions were taken in reviewing this request?		
Was the request for reasonable accommodation granted?		
If the request for accommodation was granted, please explain the nature of the accommodation and whether it was a modification of the original request.		
If the request cannot be granted, then submit a completed Evalua original Request For Reasonable Accommodation Form; the Request Employment, and Training History Form; and other required supp forth on page 5 of the Reasonable Accommodation Request and ADA Coordinator, Personnel Department, EEO Division.	uestor's Education, orting documentation as set	
Reviewer's		
Signature	Date	
Department Head's Signature	Date	
Oignatal 6	Paic	

If the request for reasonable accommodation cannot be granted, then an Evaluation Summary Report must be completed and submitted, along with the original Request For Reasonable Accommodation Form, Requestor's Education, Employment, and Training History form, and other required supporting documentation as set forth on page 5 of the Reasonable Accommodation Request and Review Procedures, to the ADA Coordinator, Personnel Department, EEO Division.